Attorney or Party without attorney (Name, state bar number, and addr	ess)	For Court Use Only	
Telephone Number: Attorney For			
Superior Court of California, County of Sa			
□ San Bernardino District, 351 North Arrowhead Ave. San Bernardin □ Rancho Cucamonga District 8303 Haven Avenue, Rancho Cucam			
 Victorville District, 14455 Civic Drive, Victorville, CA 92392 Barstow District, 235 East Mountain View, Barstow, CA 92311 			
 Joshua Tree District, 6527 White Feather road, Joshua Tree, CA Big Bear District, P. O. Box 2806, Big Bear Lake, CA 92315 	92252		
Petitioner			
Respondent			
REQUEST TO ADVANCE FAMILY L	ΔW	CASE NUMBER	
CASE MANAGEMENT CONFERENCE			
	l		
A Response has been filed, and the \square Petitioner \square Respondent requests that the Case Management Conference currently set for be advanced to an earlier date.			
management comercines carreinly correct	50 aavanood	to an oamer date.	
Time estimated for trialdays. If the estimated for trialdays.	estimate of trial time	is 2 hours or less	
and all parties join in the estimate of trial time			
case will be set for trial as a short cause matte	er.		
3. Case entitled to preference? ☐ Yes	□ No		
4. Indicate party being represented:			
Petitioner:	Respondent:		
Attorney:	Attorney:		
Firm: Address:	Firm: Address:		
Address	/ tdd1033		
Telephone:	Telephone:		
I hereby represent to the Court that the above is true	and correct.		
Date	Signature of Party	//Attorney for Party	

DECLARATION OF SERVICE

I served a	copy of the Request to A	Advance Family Law Case Management C	onference.		
Person Se	erved:				
Type of S □	Personal	copies to the person served as follows:			
	Date	Time			
	Address				
	Mail I placed a true copy of with postage fully pre	of this document in the United States mail, paid as follows:	in a sealed envelope		
	Date of Depos	it			
	Place of Depos	sit (city and state)			
	Addressed as	Addressed as follows: (name and address)			
	-				
		party to this action. I am a resident of or er sidence or business address is:	nployed in the county		
	Name:				
	Address:				
		hat the foregoing is true and correct and th , at (city)			
	(date)	(city)			
	Type or Print Name	Signature of De			